NHS
Newcastle Gateshead
Clinical Commissioning Group

Briefing: Stroke Services in Gateshead

Context

NHS Newcastle Gateshead Clinical Commissioning Group has been reviewing the current Gateshead model of acute stroke care to ensure it is compliant with evidence based best practice and national guidance. In addition there are capacity issues at the Queen Elizabeth Hospital (QEH) that reflect the national picture. A new care model is being developed to ensure we deliver the best stroke care we can for people in Gateshead and Newcastle.

Current State

When the patient presents with suspected stroke they need rapid assessment, diagnosis and treatment by specialist staff. The team at the QE is depleted, carrying vacancies they have been unable to fill. Currently the team is supported by their colleagues in South Tyneside and Sunderland out of normal working hours. This support is delivered remotely using telemedicine, however, changes in treatments now mean that a face to face assessment is considered the gold standard for treatment and delivers the best outcomes for patients.

Drivers for change

National policy is driving change in how stroke services are arranged locally. NHS England's 'Five Year Forward View' advocates a new model for stroke services based on evidence which tell us which model delivers the best outcomes for patients who have suffered a stroke. This involves services being delivered through a Hyper-Acute Stroke Unit (HASU) -where patients are assessed and start initial treatment for stroke, supported by Acute Stroke Units (ASU) where patients are transferred for specialist rehabilitation, usually 2-3 days after their stroke following their initial treatment and stabilisation.

The national recommendations from the evidence are for stroke units to:

- Be a seven-day dedicated specialist unit with more than 600 confirmed stroke admissions and no more than 1500 admissions. Less than 600 stroke patients per year would not be sufficient to ensure staff have enough clinical and institutional learning experience and care standards would be more difficult to achieve.
- Achieve rapid assessment - diagnosis within 1 hour and treatment within one hour
- Have patients admitted directly onto a specialist stroke unit within four hours
- Have patients stay in the stroke unit for 90% of their time in hospital
- Assess patients by specialist stroke consultant and stroke trained nurse and therapist within 24 hours
- Have seven-day stroke consultant cover
- Have seven-day stroke trained nurse and therapist cover

Along with the national recommendations the Local Stroke Network (North East and Cumbria) has produced a paper summarising how ideally we can meet these standards and recommends that there is a maximum of 6 Hyper Acute Stroke Units supported by acute stroke units. Importantly, we do not have the numbers of stroke consultants to be able to provide the extended hour's emergency cover for acute stroke patients under the current configuration.

"The network acknowledges that with the current model of stroke service provision in the region the required quality of care cannot be guaranteed. In order to provide sustainable and safe good quality care for stroke patients in the region there needs to be some significant changes to the configuration of stroke services.

There has been a vacancy in one of the two stroke consultant posts at the QEH since April 2014 which the Trust has been unable to fill. There is also a stroke consultant vacancy in South Tyneside NHS Foundation Trust, which provide out of hours cover for Gateshead. This is causing an additional strain on the stroke service in Gateshead.

All of these factors have put pressure on the Stroke Service in Gateshead and in 2014 the QE approached the CCG to ask if we would consider a new stroke pathway moving the initial care of stroke patients to a larger unit based at the RVI.

Newcastle Stroke Unit

The Stroke Unit in Newcastle is recognised nationally as providing good care and has a strong record in leading research and innovation. The unit has taken part in trials to evaluate new treatments such as Thrombectomy (physically removing the clot from the artery in the brain) and is likely to be one of the two regional centres to provide this service. The unit has 6 Stroke Consultants, 2 Neuro-Radiologists and a large and experienced support team. The unit sees about 600 people with acute strokes per year. Consultant recruitment has not been as challenging for Newcastle compared to other units locally.

Quality of services in Gateshead

The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in the UK. The clinical audit is completed quarterly and measures stroke units across 44 key indicators grouped across 10 domains. (See Appendix 1) SSNAP use this information to produce colour coded performance tables which give a high level summary of hospitals' performance across the ten domains with an overall SSNAP score. The overall score is rated from A-E, with A being the best rating and E being the worst.

The stroke unit at the QEH, for at least the last 12 months, has been scoring an overall rating of D or E. It is clear that staffing is one of the main contributing factors but there are other factors that affect outcomes for patients including the speed at which appropriate scanning is completed, percentage of inpatient stay spent on a

stroke unit, rapid access to treatment and being seen by a dietitian and continence specialist before discharge and also mood and cognitive screening before discharge.

During the same period Newcastle Hospitals scored a B at each quarterly assessment.

Data from the Office for National Statistics for Gateshead and Newcastle shows the early mortality rate for stroke in 2012-14 was 19.2 (compared to 13.8 for England) and the gap has been increasing from 2010

Future State

It is clear the current situation is not sustainable. The unit currently has 2 consultant posts, 1 of which has been vacant for over 12 months despite several attempts to recruit. The QEH clinical and management team have approached the CCG and suggested that they would like to work in collaboration with Newcastle Hospitals to update and improve the Stroke Service

Options considered to meet national and regional guidance on stroke services

1. **Gateshead Stroke unit continues to receive hyper-acute strokes**
   The stroke unit at QEH would not meet the threshold of at least 600 patients per year that is specified in national guidance and does not have the infrastructure to deliver the standards for hyper acute stroke care. The QEH unit currently treats approximately 380 people with an acute stroke per year of which about 300 are from Gateshead.

2. **HASU at City Hospitals Sunderland with acute stroke unit in QEH.**
   Patient flows from Gateshead have traditionally been to Newcastle Hospitals with low levels of activity at City Hospital Sunderland. Consultations on service redesign in other areas have shown that patient preferences are for services either in Gateshead or Newcastle rather than Sunderland. Journey times for patients in Inner and Outer West Gateshead would be prohibitively long. This model would have 2 Consultant vacancies which may prove challenging to fill.

3. **HASU at RVI with Acute stroke unit at QEH.**
   This option would allow the service to meet national and regional guidance, would match patient flows and fits with the direction of travel laid out in the Sustainability and Transformation Plan of NUTH and QEH working in an increasingly collaborative manner. The new service will be a 7 day service and would provide a significantly improved standard of care. The combined unit would see approximately It is felt that Gateshead would be much more likely to attract a good Stroke Consultant under this model. This model is supported by both Trusts and both clinical teams have led the development of the new clinical model.

Proposed new model of care

The CCG and Foundation Trusts believe Option 3 described above would best meet the challenges that have been highlighted and improve the care for patients suffering a stroke. The RVI in Newcastle will assess and treat all patients from Gateshead in the acute phase of their illness. For those patients who are well enough to go directly home from the RVI, they will be supported by Gateshead community teams. For those patients who require a longer stay in hospital, they will be transferred to the QEH acute unit and will be supported through their rehabilitation and re-ablement by the specialist team who are based there before being discharged home when they are well enough

Under the new model:

- The majority of patients suffering from a suspected stroke will be taken to hospital by emergency ambulance which is consistent with the current practice
- New protocols would be put in place for ambulance crews to take patients suffering a suspected stroke to the hyper-acute stroke unit at the RVI
- If a patient makes their own way to hospital with a suspected stroke then they would be most likely to attend their nearest emergency department (A&E). If a patient presents at A&E at the QEH, they would be triaged using the FAST assessment. If the assessment shows a patient is having a stroke, an emergency ambulance would be called and they would be transferred under blue-lights to the RVI. In-hours, an on-site stroke consultant could offer further assistance to the emergency care team at the QEH

Hyper-acute stroke services

- The hyper-acute stroke service will be provided at the RVI and will include a 24/7 on call team of stroke responder nurses and medical staff who have specialist stroke training
- They will see all suspected stroke patients as soon as they arrive in the emergency department (A&E) or at the stroke unit
- Patients will be assessed and have diagnostic tests completed in line with the National Clinical Guideline for stroke, which has been prepared by the Royal College of Physicians
- This will often include a CT scan within the first hour of arrival in hospital and if indicated the patient will be given the recommended thrombolysis treatment as soon as possible after arrival in hospital
- Patients will remain in the hyper-acute stroke service for up to 72 hours

Where patients will go after using the hyper-acute stroke service?

- Depending when it is clinically appropriate, patients will either be discharged home or transferred to the acute stroke unit at the QEH

- It is anticipated that approximately 40% of patients will require a stay at the QEH before being discharged and a further 40% will be discharged directly to home supported by the Gateshead Community Stroke Team

Acute stroke unit at the Queen Elizabeth Hospital

- The unit will have consultant cover during normal weekday hours
- Patients who are transferred from the hyper-acute stroke service will be admitted to the acute stroke unit. A bed will be kept free to accept transfers of patients who have suffered a stroke or for patients who had been assessed at the RVI and found not to have had a stroke but need ongoing care in their local hospital.
- If there is no bed available in the unit then the patient will be transferred via the emergency assessment unit
- Patients who are already at the QEH and are showing signs of a stroke will be assessed by a stroke consultant. If this happened out of hours then a telephone consultation would be made with the on-call consultant at the RVI.
- A decision would be made on whether to transfer the patient to the RVI or continue to care and treat them at the QEH. The on-call telephone consultation already happens for patients at the Freeman Hospital and has been proven to be safe and effective

Mini-stroke (TIA – transient ischaemic attack) clinics

- Clinics will be provided by the QEH Mondays to Fridays and at the Royal Victoria Infirmary on Saturdays and Sundays
- Any patient follow-ups will be at the QEH
- Patients being discharged from the RVI would be seen by the QEH's Assisted Discharge team or the Community Stroke Team in Gateshead

Benefits of the proposed model

- It is anticipated that the new service will result in at least 3 fewer deaths from stroke each year in Gateshead.
- Improvement in quality standards measured by the Sentinel Stroke National Audit Programme (SSNAP)
- Patients will be admitted to a unit that meets the recommended standards of both national and local stroke networks
- Patients will have access to the most up to date treatments
- The service will be sustainable and robust
- Patients will have access to new treatments such as thrombectomy
- Patients will benefit from access to research programmes which are trialling the latest advances in stroke medicine.
- The new service will be a 24/7 service

- Average length of stay in hospital is expected to reduce by 2 days as a result of these changes.

Proposed engagement with the public

The National and Regional advice on configuration of stroke services along with the evidence given earlier in this briefing have led us to conclude that there is only one model that would provide the most effective treatment for Gateshead Patients. The CCG feels that a full consultation would not be practicable because of the clear clinical reasons for the proposed model. The CCG plans, with its partners, to engage with patients and the public to explain what these proposed changes mean for them, hear their concerns and understand issues affecting patients and their carers. The CCG will then ensure that these issues are addressed during implementation.

The Stroke Association have been represented on the project group and have helped with the pre-engagement with users of the current service. This pre-engagement that has allowed us to start to understand the experience of people from Gateshead who have had a stroke. Some of the themes we heard are:

- Patients and carers want to receive specialist stroke support in specialist wards
- Have rapid access to diagnostic scans to prevent a delay in diagnosis
- Be treated with respect and dignity
- Be assured the correct medical information is shared between professionals in hospital and on discharge.
- Emotional support be available in hospital and on discharge for both patient and carer's

We have proposed a period of six week engagement to allow people the opportunity to have their say on improving stroke services within Gateshead. It will enable patients who have used stroke services to have their say about the current services, improvements that they feel need to be made and to comment on the proposed model

To involve patients and the public, our proposed engagement activity will include:

- Briefing to key stakeholders and partners including Heal watch in both Gateshead and Newcastle
- Survey to focus on what patients of the stroke services and carers think of the current service, any improvements and what they think of the new model
- Liaising with the Stroke Association to facilitate focus groups and/or one-to-one interviews
- Liaising with key groups as appropriate and ensuring that equalities duties are met

The established project group will ensure that patient and carer concerns are addressed when developing protocols for the new pathway and that a patient experience mechanism is agreed to measure experience against themes identified in the planned engagement and take any remedial action where required. Patient and carer feedback will be collected from patients and carers who have experience of the new pathway and will be used to further improve the service. We have discussed the proposal with Healthwatch who would be welcome to help with the evaluation of the new service.

It is proposed that the new model will take effect from the end of November 2016. The CCG is confident that this change in service model will result in improved care for patients from Gateshead.

The Overview and Scrutiny Committee are asked to review and comment on this proposal.

Appendix 1 : Sentinel Stroke National Audit Programme (SSNAP) Domains

Domain 1: Scanning
Domain 2: Stroke unit
Domain 3: Thrombolysis
Domain 4: Specialist assessments
Domain 5: Occupational therapy
Domain 6: Physiotherapy
Domain 7: Speech & language therapy
Domain 8: MDT working
Domain 9: Standards by discharge
Domain 10: Discharge processes